



New York City Comptroller  
Brad Lander

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-E

## Personal Injury Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to  
the claimant:

### Claimant Information

\*Last Name: CEASAR

\*First Name: LLOYD

\*Address: 891 MOTHER GASTON BLVD

Address 2:

\*City: BROOKLYN

\*State: NEW YORK

\*Zip Code: 11212

\*Country: USA

Date of Birth: *Format: MM/DD/YYYY*

Soc. Sec. #

HICN:  
(Medicare #)

Date of Death: *Format: MM/DD/YYYY*

Phone:

\*Email Address:

\*Retype Email  
Address:

Occupation:

City Employee? ☐ Yes ☒ No ☐ NA

Gender ☒ Male ☐ Female ☐ Other

☒ Attorney is filing.

### Attorney Information (If claimant is represented by attorney)

+Firm or Last Name: BONUS

+Firm or First Name: JUSTIN

+Address: 634 CLASSON AVENUE

Address 2:

+City: BROOKLYN

+State: NEW YORK

+Zip Code: 11238

Tax ID:

Phone #: (347) 920-0160

+Email Address: JUSTIN.BONUS@GMAIL.COM

+Retype Email  
Address: JUSTIN.BONUS@GMAIL.COM

### The time and place where the claim arose

\*Date of Incident: 06/17/2023 *Format: MM/DD/YYYY*

Time of Incident: *Format: HH:MM AM/PM*

\*Location of  
Incident: ARREST AND INCARCERATION OCCURRED IN  
KINGS COUNTY.

Address:

Address 2:

City:

\*State:

Borough:

BROOKLYN

NEW YORK

BROOKLYN (KINGS)

\* Denotes required fields.

+Denotes field that is required if attorney is filing.

A Claimant OR an Attorney Email Address is required.



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**\*Manner in which  
claim arose:**

DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1983) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW PURSUANT TO MUNICIPAL POLICY, PRACTICE AND/OR CUSTOM (42 U.S.C. § 1983 AND MONELL V. DEPT OF SOCIAL SERVS., 436 U.S. 658 (1978)) IN VIOLATION OF THE AFORESAID AMENDMENTS; CONSPIRACY TO INTERFERE WITH CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1985) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION UNDER COLOR OF LAW OF RIGHTS GUARANTEED BY ARTICLE 1, SECTIONS 6 AND 12 OF THE CONSTITUTION OF THE STATE OF NEW YORK; FALSE ARREST; FALSE IMPRISONMENT; MALICIOUS PROSECUTION; NEGLIGENCE; CRUEL AND UNUSUAL PUNISHMENT; EXCESSIVE FORCE; DESTRUCTION OF PROPERTY; INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS; PRIMA FACIE TORT; ABUSE OF PROCESS; NEGLIGENCE HIRING; NEGLIGENCE TRAINING; NEGLIGENCE SUPERVISION; FAILURE TO INVESTIGATE; FAILURE TO TIMELY AND PROPERLY RESPOND TO MISCONDUCT; MISREPRESENTATION; FAILURE TO TIMELY AND PROPERLY EXERCISE PROSECUTORIAL FUNCTIONS AND INDEPENDENT JUDGMENT. IT IS ALLEGED THAT THE EMPLOYEES OF THE CITY OF NEW YORK INTERFERED WITH THE CIVIL RIGHTS OF THE CLAIMANT WHEN OFFICERS OF THE NEW YORK CITY POLICE DEPARTMENT ON JUNE 17, 2023 DURING THE EVENING HOURS ARRESTED CLAIMANT WITH NO PROBABLE CAUSE. AFTER SPENDING OVER A DAY INCARCERATED THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DECLINED TO PROSECUTE THE CASE BASED UPON THE UNLAWFUL ARREST. THE AFORESAID CAUSES OF ACTION ARISE FROM THE UNLAWFUL ARREST, EXCESSIVE FORCE, DESTRUCTION OF PROPERTY, IMPRISONMENT AND ABUSE OF CRIMINAL PROCESS OF CLAIMANT LLOYD CEASAR FOR CHARGES UNKNOWN, AS A RESULT OF THE WILLFUL, INTENTIONAL, MALICIOUS, RECKLESS, NEGLIGENCE, AND OR DELIBERATE INDIFFERENCE OF THE CITY OF NEW YORK, THE NEW YORK CITY POLICE DEPARTMENT, AND THEIR EMPLOYEES, AGENTS AND/OR SERVANTS. MR. CEASAR WAS ALSO SUBJECTED TO CRUEL AND UNUSUAL PUNISHMENT WHEN HE WAS INCARCERATED FOR OVER A DAY. THE AFORESAID DEPRIVATIONS, BREACHES, TORTS AND VIOLATIONS ARE CONTINUOUS FROM THE DATE OF ARREST ON JUNE 17, 2023 TO JUNE 19, 2023, WHICH WAS THE DATE THAT THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DISMISSED THE CHARGES. MR. CEASAR WAS INCARCERATED WRONGFULLY FOR OVER A DAY. POLICE OFFICERS ALSO ASSAULTED MR. CEASAR DURING THE ARREST, WHICH CAUSED HIM TO BE TAKEN TO THE HOSPITAL PRIOR TO BEING RELEASED AND DESTROYED HIS CAR WHEN THEY SEARCHED IT LOOKING FOR CONTRABAND.



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**The items of  
damage or injuries  
claimed are  
(include dollar  
amounts):**

ON THE NIGHT OF JUNE 17, 2023, CLAIMANT ARRESTED FOR CHARGES UNKNOWN. THERE WAS NO PROBABLE CAUSE TO ARREST CLAIMANT. DURING THE ARREST, MR. CEASAR WAS BEATEN BY OFFICERS AND TAKEN TO THE HOSPITAL PRIOR TO BEING TAKEN TO CENTRAL BOOKING. BECAUSE OF THE UNLAWFUL ARREST, THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DECLINED TO PROSECUTE THE CASE AGAINST CLAIMANT ON JUNE 19, 2023. CLAIMANT WAS BEATEN, HIS CAR WAS DESTROYED AND WAS SUBJECTED TO OVER A DAY OF INCARCERATION. ON JUNE 19, 2023, THE CASE AGAINST CLAIMANT WAS DISMISSED BY THE KINGS COUNTY DISTRICT ATTORNEYS OFFICE.

THE DAMAGES SUSTAINED BY CLAIMANT, UPON INFORMATION AND BELIEF ARE:

THE CLAIMANT SUFFERED FROM EXCESSIVE FORCE, DESTRUCTION OF PROPERTY, WRONGFUL PROSECUTION, WRONGFUL AND UNCONSTITUTIONAL LOSS OF LIBERTY FOR OVER A DAY, AND ALL DAMAGES THAT ARE ASSOCIATED WITH SUCH LOSS AND INTERFERENCE OF THE AFOREMENTIONED RIGHTS, INCLUDING, BUT NOT LIMITED TO, SEVERE MENTAL ANGUISH, PHYSICAL INJURIES, EMOTIONAL DISTRESS, HUMILIATION, INDIGNITIES, EMBARRASSMENT, ECONOMIC AND MONETARY LOSS, DEGRADATION AND INJURY TO REPUTATION AS WELL AS LOSS OF ENJOYMENT OF LIFE.

SAID CLAIMS AND DEMANDS ARE HEREBY PRESENTED FOR ADJUSTMENT AND PAYMENT. YOU ARE HEREBY NOTIFIED THAT UNLESS THEY ARE ADJUSTED AND PAID WITHIN THE TIME PROVIDED BY LAW FROM THE DATE OF PRESENTATION TO YOU, THE CLAIMANTS INTEND TO COMMENCE AN ACTION IN THESE CLAIMS. CLAIM IS MADE FOR PERSONAL INJURIES AND FINANCIAL LOSSES FOR FIVE HUNDRED (\$500,000) DOLLARS ON BEHALF OF CLAIMANT LLOYD CEASAR.



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**Medical Information**

1st Treatment Date:  Format: MM/DD/YYYY

Hospital/Name:

Address:

Address 2:

City:

State:

Zip Code:

Date Treated in  
Emergency Room:  Format: MM/DD/YYYY

Was claimant taken to hospital by ☐ Yes ☐ No ☐ NA  
an ambulance?

**Employment Information (If claiming lost wages)**

Employer's Name:

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned  
Weekly:

**Treating Physician Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

**Witness 1 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 2 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 3 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:

**Witness 4 Information**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:  Phone:



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**Complete if claim involves a NYC vehicle**

**Owner of vehicle claimant was traveling in**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Insurance Information**

Insurance Company Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	

**Description of claimant:**

- ☐ Driver      ☐ Passenger  
☐ Pedestrian    ☐ Bicyclist  
☐ Motorcyclist   ☐ Other

**Non-City vehicle driver**

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

**Non-City vehicle information**

Make, Model, Year of Vehicle:	
Plate #:	
VIN #:	

**City vehicle information**

Plate #:	
City Driver Last Name:	
City Driver First Name:	

**Total Amount Claimed:**

\$500,000.00

Format: Do not include "\$" or ",".

*The **Total Amount Claimed** can only be entered once the following required fields are entered:*

Claimant Last Name  
 Claimant First Name  
 Claimant Address, City, State, Zip Code, and Country  
 Claimant Email or Attorney Email  
 Date of Incident  
 Location of Incident (including State)  
 Manner in which claim arose

If attorney is filing, the following fields are also required:  
 Attorney Last Name, First Name, Address, City, State, Zip Code, Email

*I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.*

[illegible][illegible][illegible]

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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1. *Chlorophyll a*  
 2. *Chlorophyll b*  
 3. *Carotenoids*  
 4. *Phycocyanin*  
 5. *Algae*  
 6. *Phaeophytin*  
 7. *Phaeopigments*  
 8. *Phaeoerythrin*  
 9. *Phaeo-*fucoxanthin**  
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 100. *Phaeo-*fucoxanthin**

DATE RECEIVED BY THE OFFICE OF THE ATTORNEY GENERAL

1. *Controlling the Machine*

The diagram shows a two-dimensional lattice of points. A central point is labeled '1'. Points are numbered 1 through 10, showing a spiral-like arrangement starting from the center. The lattice is bounded by a dashed line.

1. <i>Chlorophyll a</i>	0.001
2. <i>Chlorophyll b</i>	0.001
3. <i>Chlorophyll c</i>	0.001
4. <i>Chlorophyll d</i>	0.001
5. <i>Chlorophyll e</i>	0.001
6. <i>Chlorophyll f</i>	0.001
7. <i>Chlorophyll g</i>	0.001
8. <i>Chlorophyll h</i>	0.001
9. <i>Chlorophyll i</i>	0.001
10. <i>Chlorophyll j</i>	0.001
11. <i>Chlorophyll k</i>	0.001
12. <i>Chlorophyll l</i>	0.001
13. <i>Chlorophyll m</i>	0.001
14. <i>Chlorophyll n</i>	0.001
15. <i>Chlorophyll o</i>	0.001
16. <i>Chlorophyll p</i>	0.001
17. <i>Chlorophyll q</i>	0.001
18. <i>Chlorophyll r</i>	0.001
19. <i>Chlorophyll s</i>	0.001
20. <i>Chlorophyll t</i>	0.001
21. <i>Chlorophyll u</i>	0.001
22. <i>Chlorophyll v</i>	0.001
23. <i>Chlorophyll w</i>	0.001
24. <i>Chlorophyll x</i>	0.001
25. <i>Chlorophyll y</i>	0.001
26. <i>Chlorophyll z</i>	0.001
27. <i>Chlorophyll aa</i>	0.001
28. <i>Chlorophyll ab</i>	0.001
29. <i>Chlorophyll ac</i>	0.001
30. <i>Chlorophyll ad</i>	0.001
31. <i>Chlorophyll ae</i>	0.001
32. <i>Chlorophyll af</i>	0.001
33. <i>Chlorophyll ag</i>	0.001
34. <i>Chlorophyll ah</i>	0.001
35. <i>Chlorophyll ai</i>	0.001
36. <i>Chlorophyll aj</i>	0.001
37. <i>Chlorophyll ak</i>	0.001
38. <i>Chlorophyll al</i>	0.001
39. <i>Chlorophyll am</i>	0.001
40. <i>Chlorophyll an</i>	0.001
41. <i>Chlorophyll ao</i>	0.001
42. <i>Chlorophyll ap</i>	0.001
43. <i>Chlorophyll aq</i>	0.001
44. <i>Chlorophyll ar</i>	0.001
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53. <i>Chlorophyll ba</i>	0.001
54. <i>Chlorophyll bb</i>	0.001
55. <i>Chlorophyll bc</i>	0.001
56. <i>Chlorophyll bd</i>	0.001
57. <i>Chlorophyll be</i>	0.001
58. <i>Chlorophyll bf</i>	0.001
59. <i>Chlorophyll bg</i>	0.001
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67. <i>Chlorophyll bo</i>	0.001
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71. <i>Chlorophyll bs</i>	0.001
72. <i>Chlorophyll bt</i>	0.001
73. <i>Chlorophyll bu</i>	0.001
74. <i>Chlorophyll bv</i>	0.001
75. <i>Chlorophyll bw</i>	0.001
76. <i>Chlorophyll bx</i>	0.001
77. <i>Chlorophyll by</i>	0.001
78. <i>Chlorophyll bz</i>	0.001
79. <i>Chlorophyll ca</i>	0.001
80. <i>Chlorophyll cb</i>	0.001
81. <i>Chlorophyll cc</i>	0.001
82. <i>Chlorophyll cd</i>	0.001
83. <i>Chlorophyll ce</i>	0.001
84. <i>Chlorophyll cf</i>	0.001
85. <i>Chlorophyll cg</i>	0.001
86. <i>Chlorophyll ch</i>	0.001
87. <i>Chlorophyll ci</i>	0.001
88. <i>Chlorophyll cj</i>	0.001
89. <i>Chlorophyll ck</i>	0.001
90. <i>Chlorophyll cl</i>	0.001
91. <i>Chlorophyll cm</i>	0.001
92. <i>Chlorophyll cn</i>	0.001
93. <i>Chlorophyll co</i>	0.001
94. <i>Chlorophyll cp</i>	0.001
95. <i>Chlorophyll cq</i>	0.001
96. <i>Chlorophyll cr</i>	0.001
97. <i>Chlorophyll cs</i>	0.001
98. <i>Chlorophyll ct</i>	0.001
99. <i>Chlorophyll cu</i>	0.001
100. <i>Chlorophyll cv</i>	0.001
101. <i>Chlorophyll cw</i>	0.001
102. <i>Chlorophyll cx</i>	0.001
103. <i>Chlorophyll cy</i>	0.001
104. <i>Chlorophyll cz</i>	0.001
105. <i>Chlorophyll da</i>	0.001
106. <i>Chlorophyll db</i>	0.001
107. <i>Chlorophyll dc</i>	0.001
108. <i>Chlorophyll dd</i>	0.001
109. <i>Chlorophyll de</i>	0.001
110. <i>Chlorophyll df</i>	0.001
111. <i>Chlorophyll dg</i>	

Figure 1 illustrates the experimental setup. A subject is seated at a table, viewing a video screen. A video camera is positioned above the screen. A horizontal bar is placed between the subject and the screen. The screen displays a target (a small circle) and a starting point (a small circle). The subject's hand is positioned at the starting point. The video camera captures the hand's position and the target's position, and the video screen displays the resulting image. The subject's hand is positioned at the starting point, and the video camera captures the hand's position and the target's position, and the video screen displays the resulting image.

1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

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17. The term "substantial" is defined in the Regulations as "more than a de minimis" amount.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific information required.

2. Next, gather relevant data and information. This can be done through research, interviews, or other methods. It is important to ensure that the data is accurate and reliable.

3. Once the data is gathered, it needs to be analyzed. This involves looking for patterns, trends, and relationships between the data points. This step often requires the use of statistical tools or software.

4. After analysis, the results need to be interpreted. This means putting the findings into context and understanding what they mean for the problem at hand. It is important to consider any limitations or biases that may affect the results.

5. Finally, the results need to be communicated. This can be done through a report, presentation, or other means. It is important to make the information clear and easy to understand for the intended audience.

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1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem. Once the problem has been defined, the next step is to identify the causes of the problem. This involves identifying the factors that are contributing to the problem and determining the underlying causes. Once the causes have been identified, the next step is to develop a plan of action. This involves identifying the steps that need to be taken to solve the problem and determining the resources that will be needed to implement the plan. Once a plan of action has been developed, the next step is to implement the plan. This involves carrying out the steps that have been identified in the plan and monitoring the progress of the implementation. Finally, the last step in the process is to evaluate the results of the implementation. This involves assessing the effectiveness of the plan and determining whether the problem has been solved.